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Testimony of
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Aging Committee

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Senator Flexer, Representative Serra and esteemed members of the Aging Committee, my name is Deb Migneault and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on SB 287, SB 716, SB 860, HB 6685, HB 6716, HB 6396, HB 6397 today.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy office of the General Assembly devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For more than twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice and dignity and to enhance the quality of life for Connecticut's older adults and persons with disabilities.

SB 287: An Act Creating a Task Force to Study Alternative Funding Sources for Nutritional Services for Senior Citizens

~ CT's Legislative Commission on Aging Informs

CT's Legislative Commission on Aging supports the intent of this bill. As you know, nutrition services are an integral part of home and community based supports that provide adequate nutrition critical to health, quality of life and overall functioning of older adults and funding for nutrition programs has been tenuous, at best, over the last several years

In 2014, this committee raised an "aging in place" bill which later passed as PA 14-73 that encouraged this coordination of food security programs and services by mandating the State Department on Aging in collaboration with the Department of Social Services hold quarterly meetings with nutrition stakeholders. We are pleased with the State Department on Aging's work in this area and to be a part of this group.



We would respectfully and strongly suggest that the areas of study in this task force be required of this, already established, legislatively-mandated, working group instead of creating a duplicative task force.

However, if you decide to move forward with a separate task force, we would suggest that some other important stakeholder groups should be represented on the Task Force. Specifically, we would request that DSS, who administers the SNAP program and, through Medicaid, is the primary payer of home delivered meals through the CT Home Care Program for Elders, should be represented on this task force. Additionally, we would suggest other representatives including advocates for food security (i.e. End HungerCT) and meal sites be represented. Food security programs are all very much interrelated and interconnected, having all of the stakeholders at the table in these discussions is imperative for the task force's success. We also, respectfully request, that the Legislative Commission on Aging be represented on the task force. It should be noted that all of these above mentioned agencies and organizations are already represented on the nutrition stakeholder workgroup.

We look forward to working in partnership with the nutrition stakeholders across the state to identify ways to interconnected issues and improve the food security system.

SB 716: An Act Expanding Eligibility for Alzheimer's Disease Respite Care Program

~ CT's Legislative Commission on Aging Informs

This important program provides a needed respite for caregivers of individuals with Alzheimer's disease and related dementias who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$5.8 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends.

The Long-Term Care Needs Assessment (conducted in 2006), the 2013 Long-Term Services and Supports Plan, the Governor's 2013 Rebalancing Plan and the Task Force on Alzheimer's Disease and Dementia (SA 13-11) all recommend providing enhanced supports to caregivers. Research clearly indicates that supporting caregivers with programs such as the CT Statewide Respite Care Program is critical to keeping individuals out of nursing homes. It also helps to maintain the health of the caregiver.

As you are aware, the Respite Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money. It is important that along with expanded income criteria, the line-item appropriation for the program needs to be increased.

The CT Statewide Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home instead of going to institutions and by helping their caregivers continue to provide support. The Legislative Commission on Aging supports all efforts to support this program, thus allowing individuals to receive the much needed respite that they require.

SB 860: An Act Concerning Presumptive Medicaid Eligibility for Home Care

~ CT's Legislative Commission on Aging Supports

CT's Legislative Commission on Aging is supportive of proposals that create parity between home and community services and supports and institutional care. Currently, if a person goes into a nursing home, they receive nursing home care while their application for Medicaid is pending. Once they are deemed eligible for Medicaid, the nursing facility is retroactively paid for services from the date of application. However, if the person is living in the community and applies for Medicaid, the person does not receive any services and wait, sometimes up to 6 months for their application to be processed.

The underlying issue is the length of time that a person waits for LTSS Medicaid eligibility determination. While reports are that there has been noticeable improvement in this area due to various strategies employed by the Department of Social Services (the state agency which administers Medicaid, including the CT Home Care Program for Elders) applicants still wait two to six months and beyond for Medicaid eligibility determination.

In other words, older adults who should be eligible for the Connecticut Home Care Program for Elders Program (a Medicaid waiver) can go for an extended period of not receiving services due to the processing of their Medicaid applications. These are individuals who are at risk of nursing home placement, but wish to receive services in their home and community. Currently these individuals are assessed by the access agencies and deemed eligible to receive services, but their financial eligibility needs to be processed. The consequences of these delays can be devastating and may include: preventable institutionalization, caregiver burn-out/family strife, avoidable hospitalization.

With the passage of this bill, an older adult who chooses home care and meets the basic functional and financial eligibility criteria, would be "presumed eligible" and receive immediate and temporary access to home health services through Medicaid.

Presumptive eligibility is aligned with the state's major policy commitment to prioritize choice in where in how people receive long term services and supports. It is also already established in Connecticut for children, pregnant women and more recently to any individual who has a condition or illness that, if left untreated, places the individual at serious or imminent risk of severe harm or permanent disability. Further, we can learn from the success of other states who have successfully utilized presumptive eligibility for home care.

Finally, in our collective efforts to establish parity across ages and various disabilities, it is important to note that these delays are problematic across all of Medicaid and in other Medicaid home and community based services.

HB 6685: An Act Increasing Home Care Provider Rates

~ CT's Legislative Commission on Aging Informs

CT's Legislative Commission on Aging appreciates this Committee's commitment to the Connecticut Home Care Program for Elders (CHCPE), our state's hallmark program supporting older adults at home. It is a key component to the state's success of various "rebalancing" initiatives. The CT Home Care Program for Elders, administered by the Department of Social Services (DSS), is Connecticut's primary DIVERSION program for older adults. As of December 2014, this program provides assistance 16,040 people in Connecticut so that they may stay at home instead of needing nursing home care.¹ Providers for the CT Home Care Program for Elders (including adult day centers, nutrition, home care and homemaker and companion providers) are all reporting that it is nearly impossible to sustain themselves on rates that have not been raised in several years. CHCPE provider received a 1% rate increase last year. **As part of the increase, DSS was charged with studying the adequacy of the provider rates associated with CHCPE. The report was due on January 1, 2015, however the report has not yet been submitted to the committees of cognizance.**

As you know, for the last several years, Connecticut has been a national leader in our rebalancing efforts. The major driver for systems change in Connecticut continues to be the Money Follows the Person (MFP) program and its many facets. MFP is a multi-million-dollar systems change grant and the primary driver for long-term care reform in Connecticut. MFP's most notable attribute is that it transitions individuals of all ages from nursing homes into their homes and communities. In other words, the "Medicaid" money paying for their institutional care will now follow that person into the community. Through this rebalancing incentive grant, Connecticut receives enhanced Federal Medical Assistance Percentage money, additional grant money/technical support and yields a lower cost of care for each person (as stipulated in MFP protocol), while the individual gets to realize choice. As of 2/10/15, 2,681 people in Connecticut have transitioned from nursing homes into the community under MFP.²

While Connecticut has transitioned thousands of people out of nursing homes (and potentially thousands more in the next couple years) and into the community utilizing a network of community based providers to do so, the state has not had concentrated effort to support and enhance the community. This could put Connecticut's rebalancing goals in jeopardy.

¹ CT Department of Social Services, CT Home Care Program for Elders Monthly Report, December 2014.

² University of Connecticut, Center on Aging. Money Follows the Person Quarterly Report, Quarter 4 2014.